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IO14639-001



United States Department of **Agriculture**

Animal and Plant Health Inspection Service

Policy and Program Development 4700 River Road, Unit 149 Riverdale, MD 20737-1237 Telephone: 301/734-8963

> ENOL 7-1 CY03 **PERMANENT Retire 11/08**

November 21, 2003

Document Processing Desk [6(a)(2)] Office of Pesticide Programs (7504C) U.S. Environmental Protection Agency Ariel Rios Building 1200 Pennsylvania Avenue, N.W. Washington, DC 20460-0001

ATTN:

Norman Spurling

SUBJECT:

FIFRA, Section 6(a)(2) report; single adverse effects incident

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period of March 1, 2003 through May 31, 2003:

> EPA Reg. No. 56228-15M-44 Cyanide Capsules Active Ingredient: CAS No. 143-33-9

Sodium Cyanide

Incident Category W-B

No. of Incidents

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail kenneth.dial@aphis.usda.gov.

Sincerely.

Carl Bausch

Chief, Environmental Services Policy and Program Development

Enclosure

APPRIS Safeguarding American Agriculture

APHIS is an agency of USDA's Marketing and Regulatory Programs

An Equal Opportunity Provider and Employer

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT DATE WS BECAME AWARE ES USE ONLY INCIDENT CODE INCIDENT STATUS OF THE INCIDENT REPORT NUMBER Date of last submission 3-5-03 3-5-03 XX New Update W-B CONTACT NAME (If Non-APHIS) TELEPHONE MIMBER EMPLOYEE NAME (To contact for additional information) TELEPHONE NUMBER ADDRESS DUTTY STATION ADDRESS SOURCE OF INFORMATION INCIDENT LOCATION STATE CITY COUNTY XIX Self Telephone Call Letter Media Oral Report Other EXPOSURE TYPE (Examples include splff, splash, driff, runoff or other.) M-44 discharge INCIDENT SITE (examples include commercial or residential sites, forest/woods, SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands application, mixing/loading, reentry, during transport, repair/maintenance of application (specify), recreational area (specify), right-of-way (rail, utility, highway)] equipment, during manufacturing/formulation) M-44's maintained on property rangeland/pasture **EPA REGISTRATION NUMBER** PRODUCT NAME ACTIVE INGREDIENT M-44 Cyanide Capsule Sodium Cyanide 56228-15 WAS THE PRODUCT WHAT WAS THE DILUTION RATIO (If applicable) WERE THE LABEL WAS THE APPLICATOR DIRECTIONS FOLLOWED CERTIFIED (if applicable) XX Concentrated Difuted N/A X Yes No X Yes No IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) Yes ON KX SUMMARY OF THE INCIDENT (Altach supplemental form if needed) M-44s set on property to protect cattle from predation by coyotes. M-44 was discharged by one non-target skunk. NAME OF PREPARER SIGNATURE TELEPHONE NUMBER DATE NAME OF SUPERVISOR SIGNATURE TELEPHONE NUMBER

10-30-03

WS FORM 160-R (June 99)

									ES USE ONLY
DOMESTIC	ANIMAL, F	AUNA, OR	FLORA INCI	DENT - SU	IPPLEME	NTAL REPOR	RT FORM	REPOR	TNUMBER
"X" ONE						"X" ONE		NUMBE	R OR ACRES AFFECTED
Amphibian F	ish Bird	Y Mammal	Invertebrate	Reptile	Plant	Domestic	X Wild	1	
SPECIES COMMON NA Striped sku	ME Ink	>				BREED (If known			
DESCRIBE SIGNS, SY		ERSE EFFECTS				<u> </u>			
killed									
IF LABORATORY TEST	IS WERE PER	FORMED, LIST N	AME OF TEST(S	AND RESULT	rs (if available	e, attach copies):			
n/a									
- -									
						•			
MAGNITUDE OF THE E	FFECT (e.g	miles of streams.	square area of ter	mestrial habitat)				
	,				-				
none									
PESTICIDE APPLICATI	ON RATE AND	METHOD OF A	PPLICATION (Inci	ude brief descr	iption of beitin	g if applicable)			
M-44 capsul	e								
MIAC OREPATRICA	TO ON THE CO	F (D35-)							
WAS PREBAITING USE		E (Describe)							
DESCRIPTION OF THE	HABITAT AND	CIRCUMSTAN	CES UNDER WHI	CH THE INCID	ENT OCCUR	RED			
Pasture	(Resour	rce was c	alves.)						
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ADDITIONAL FACTORS	5	······································							
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								 	-
NAME OF PREPARER	\			SIGNATUR	HE.			DATE	
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NAME OF SUPERVISOR	R			SIGNATUR	E			DATE	
WS FORM 160B-R (Jur	ne 99)	0.00	cal Reportuction A	\utborized\					

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT INCIDENT CODE ES USE ONLY INCIDENT STATUS DATE WE BECAME AWARE OF THE INCIDENT Date REPORT NUMBER Date of last submission X Now W-B 2-12-03 Update 2-12-03 TELEPHONE NUMBER EMPLOYEE NAME (To contact for additional information) TELEPHONE NUMBER CONTACT NAME (If Non-APHIS) **DUTY STATION ADDRESS** ADDRESS SOURCE OF INFORMATION INCIDENT LOCATION CITY STATE COUNTY XX Seff Telephone Call Letter Media Oral Report Other EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) M-44 discharge INCIDENT SITE (examples include commercial or residential sites, forest/woods, SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands application, mixing/loading, reentry, during transport, repair/maintenance of application (specify), recreational area (specify), right-of-way (rall, utility, highway)] equipment, during manufacturing/formulation) rangeland/pasture M-44's maintained on property **EPA REGISTRATION NUMBER** PRODUCT NAME ACTIVE INGREDIENT 56228-15 M-44 Cyanide Capsule Sodium Cyanide WERE THE LABEL DIRECTIONS FOLLOWED WAS THE PRODUCT WHAT WAS THE DILUTION RATIO (If applicable) WAS THE APPLICATOR CERTIFIED (If applicable) Concentrated Diluted N/A XX Yes No XX Yes No IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) XX No Yes SUMMARY OF THE INCIDENT (Attach supplemental form if needed) M-44's set on property to protect cattle from predation by coyotes. M-44 was discharged by one non-target raccoon. NAME OF PREPARER SIGNATURE TELEPHONE NUMBER NAME OF SUPERVISOR SIGNATURE TELEPHONE NUMBER WS FORM 160-R (June 99) (Local Reproduction Authorized)

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DOMESTIC ANIMAL, FAUNA, OR FLORA INCIL	REPORT NUMBER			
DOMESTIC ANIMAL, PAUNA, OR PLONA INCIL	JENI - SUPPLEME	TIME NEI ON	1 011	·
"X" ONE		"X" ONE		NUMBER OR ACRES AFFECTED
Amphibian Fish Sind X Mamma Invertebrate	Reptile Plant	Domestic	X Wild	1
SPECIES COMMON NAME		BREED (If known)		<u> </u>
raccoon		BREED (4 KINWII)		
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS		<u> </u>		
• • • • • • • • • • • • • • • • • • • •				
killed				
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S)	AND RESULTS /if available	attach copies):		
i crapitation (lasta mana) are similar and transfer	Sade (made (& fil alonnes)	, accessive or proof.		
n/a				
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of ten	restrial habitat)			
none				
none				
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Inclu	de brief description of baiting	if applicable)		
·	•	. ,,		
M-44 capsule				
WAS PREBAITING USED ON THE SITE (Describe) Yes X No				
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHIC	H THE INCIDENT OCCURR	ED		
				•
Pasture (Resource was calved.)				
ADDITIONAL FACTORS				- · · ·
	,		-	
				•
NAME OF PREPARER	SIGNATURE			DATE
	JOHN I VINE			MT1%

NAME OF SUPERVISOR	SIGNATURE			DATE
WS FORM 160B-R (June 99) (Local Reproduction At	thorized)			

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT INCIDENT CODE DATE WS BECAME AWARE ES USE ONLY INCIDENT STATUS OF THE INCIDENT REPORT NUMBER Date Date of last submission XX New 3-4-03 Update 3-4-03 W-B EMPLOYEE NAME (To contact for additional information) **TELEPHONE NUMBER** CONTACT NAME (If Non-APHIS) TELEPHONE NUMBER ADDRESS **DUTY STATION ADDRESS** SOURCE OF INFORMATION INCIDENT LOCATION STATE COUNTY XX Self Telephone Call Letter Onal Report Other EXPOSURE TYPE (Examples include spill, spiech, drift, runoff or other.) M-44 discharge INCIDENT SITE [examples include commercial or residential sites, forest/woods, SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: jexamples include agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] application, mbtng/loading, reentry, during transport, repair/meintenance of application equipment, during manufacturing/formulation] M-44's maintained on property rangeland/ pasture **EPA REGISTRATION NUMBER** PRODUCT NAME ACTIVE INGREDIENT 56228-15 M-44 Cyanide Capsule Sodium Cyanide WAS THE PRODUCT WHAT WAS THE DILUTION RATIO (If applicable) WERE THE LABEL WAS THE APPLICATOR DIRECTIONS FOLLOWED CERTIFIED (If applicable) Concentrated Diluted N/A Yes No Yes No IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) Yes XX No SUMMARY OF THE INCIDENT (Attach supplemental form if needed) M-44s set on property to protect cattle from predation by coyotes. M-44 was discharged by one non-target skunk. NAME OF PREPARER SIGNATURE TELEPHONE NUMBER DATE - - -NAME OF SUPERVISOR SKINATURE **TELEPHONE NUMBER** DATE" " WS FORM 160-R (June 99) (Local Reproduction Authorized)

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"X" ONE							"X" ONE		NUMBE	R OR ACRES AFFECTED
Amphibian	Fish	Bird	X Mammel	Invertebrate	Reptile	Plant	Domestic	X wild	1	
species commo			`		-		BREED (If known)		
DESCRIBE SIGNS		MS, ADVER	SE EFFECTS							
killed										
IF LABORATORY	TESTS WE	RE PERFO	RMED, LIST N	IAME OF TEST(S)	AND RESULT	'S (if available	, attach copies):	-		
n/a										
n/a									•	
MAGNITUDE OF	THE EFFEC	T (e.g., mi	les of streams,	square area of ter	restrial habitat)	•				
none										
PESTICIDE APPL	ICATION RA	TE AND M	ETHOD OF AF	PPLICATION (inclu	ıde brief descri	ption of bakin	g if applicable)	***************************************		
M-44 cap	sule					-				
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WAS PREBAITING	G USED ON	THE SITE	(Describe)							
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